



An Introduction to OHCA's 2001 Household Survey

From August to October 2001, OHCA fielded its Office of Health Care Access 2001 Household Survey in an effort to obtain detailed information on Connecticut's uninsured population. Survey results have identified the characteristics of the state's uninsured citizens. This data, along with other information gathered through Connecticut's State Planning Grant, is being used to design proposals to provide uninsured citizens with access to health care by creating new coverage expansion options. This Issue Brief is the first in a series that will present survey findings.

Need for a Connecticut-Specific Survey

Although the Census Bureau's March 2002 *Current Population Survey (CPS)* is perhaps the most commonly used data source for estimating health insurance coverage and uninsured rates at both national and state levels, the survey has limitations. The CPS defines the uninsured as those who report they have not had health insurance coverage for the entire previous calendar year.

Consequently, CPS survey respondents must try to recall a period that began 14 or 15 months prior to being questioned. In addition, there is speculation that some CPS respondents may be reporting their insurance status at the time they are interviewed, rather than for the previous year. The CPS is also believed to underestimate public program coverage compared to state-administered surveys that include names for state-specific public health insurance programs such as HUSKY¹. Consequently, a state-specific survey is often more useful when making estimations about specific population groups defined by age, race or ethnicity, for example. State-specific survey data are a useful complement to national survey data.

Survey Administration and Methodology

OHCA's 2001 Household Survey data were collected through telephone interviews conducted by the University of Connecticut Center for Research and Analysis (CSRA) on behalf of OHCA.² The survey sample consisted of 14,333 telephone numbers, with 3,985 completed person-level interviews. Basic information was gathered on each member of the household. Then, within each household, one person, or "target," was randomly selected to provide more detailed information. This information was obtained from either the target directly or the person most familiar with the target's health care and insurance status.

In analyzing the data, statistical weights were applied in order to generalize survey results to the state's entire population. Like all surveys, *OHCA's 2001 Household Survey* findings have an associated margin of error because of the inherent uncertainty in the process of creating statewide population estimates from a representative sample.

Defining the Uninsured

At a time of rising health care costs and economic uncertainty, legislators, policy makers, program administrators, members of the media, and the general public often dis-

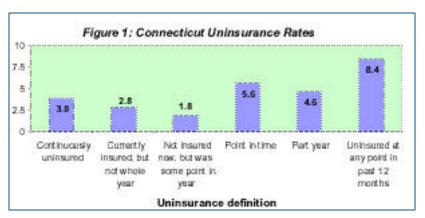
cuss the issue of the uninsured. But are they all talking about the same people? There are different ways of defining the uninsured, resulting in different estimates of their numbers.

As previously stated, the CPS defines uninsured as those individuals who report they have not had health insurance coverage for the entire previous calendar year. OHCA's 2001 Household Survey measures continuously uninsured slightly differently; the survey found that 3.8% of respondents, or an estimated 124.900 residents of Connecticut, were uninsured for the entire prior twelve months.3

While the CPS does not take into account people who were uninsured for only part of the year, OHCA's 2001 Household Survey allows for such "part year" estimation. According to OHCA's survey, 4.7% of all respondents, or an estimated 153,600 state residents,

In February 1999, the State of Connecticut Office of Health Care Access (OHCA) was awarded a \$664,000 grant from the Robert Wood Johnson Foundation (RWJF) to research health care access in Connecticut and to analyze the overall effectiveness of the State's health care purchasing system. As part of its ongoing research, OHCA applied for a State Planning Grant from the U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA). The grant was approved and OHCA was awarded \$668,000 in March 2001 to develop a plan to increase the state's already high rate of health insurance coverage by identifying new coverage expansion options. A portion of that funding was used to field OHCA's 2001 Household Survey, which forms the basis for this Issues Brief.

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were without insurance for some part of the year. ⁴ This includes people who were uninsured at the time of the survey but had been insured during the prior year, and those who were insured at the time of the survey but lacked health care coverage at some point during the preceding twelve months. For those who had lost insurance coverage during the preceding year and were currently uninsured, the median number of months without health insurance was five. ⁵ For those who were currently covered but had been without insurance at some point during the past 12 months, the median number of months without coverage was six.

OHCA's 2001 Household Survey also allows for "point in time" estimates of uninsured, by identifying the number of people who lacked health insurance coverage at the time of the survey. Point in time estimates of the uninsured include both people who were uninsured for the entire preceding year and those who were uninsured at the time of the survey but had insurance coverage during some part of the prior year. According to OHCA's 2001 Household Survey, 5.6% of state residents, or an estimated 185,200

people, were uninsured at the time of the survey.⁶

An even more expansive reporting method includes people who were uninsured at the time of the survey (point in time) and respondents who were currently insured but at some point during the prior 12 months lacked health care coverage.

According to the 2001 Household Survey, 8.4% of survey participants, or 278,500 Connecticut residents were uninsured at some point during the preceding 12 months.⁷

Figure 1 illustrates the 2001 Household Survey rates of uninsurance associated with the definitions described above. Table 1 shows these rates of uninsurance along with population estimates based on Census 2000 figures. Future Issue Briefs will focus primarily on the point in time estimate of the uninsured, and include analyses on characteristics of the uninsured, uninsured children, uninsured workers, and a

comparison of Connecticut's survey results with other estimates of uninsured.

Footnotes

¹HUSKY is a combination of Connecticut's Medicaid program and the State Children's Health Insurance Program (SCHIP), authorized under Titles XIX and XXI of the Social Security Act, respectively. ²The survey was administered using a computer-assisted telephone interview (CATI) system and survey participants were selected via a random sample of telephone households using the GENESYS Sampling System. This system provided a list-assisted random digit dial (RDD) sample of telephone households within the state.

- ³ See Table 1.
- ⁴ See Table 1.
- ⁵ In a distribution of values, the median is the middle one. It is the value for which half of the values are greater and half are smaller.
- ⁶ See Table 1.
- ⁷ The share of people who had been uninsured at some point during the year (8.4%) is equal to the sum of the continuously uninsured (3.8%) and those uninsured for only part of the year (4.7%). The apparent discrepancy in sum is due to rounding. Also see Table 1.

Table 1: Uninsured rates and estimated numbers of uninsured by uninsurance definition

Insurance Status	Rate %(95% Confidence Interval**		<u></u>	96% Confidence Interval**	
		L:wer	Upper	Population Estimate	Lawer	Upper
Not indured now but in plast year	+.3	1.4	1.2	60,30;	45,500	44,500
Surrently insured put not whole year	2.3	2.3	03/3	93,300	75,500	110,000
Continuously Uninsured	7.3	3.2	4.4	124,900	138.300	144,100
Part Year Uninguised	1,7	3.	13	150,500	122,900	134,700
Point in Time Uninsured	1.5	4.5		131,210	1:1.900	218,:02
At Any Font Uninsured	\$.±	5.9	10.0	275,500	128,200	318,300

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The Connecticut State Planning Grant is funded by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). OHCA functions as the lead agency for Planning Grant activities.